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| Seal | **NOTIFICATION OF DEMOLITION FOR** **DRUG LAB CLEANUP** State Form 55660 (R6 / 6-18) | **INDIANA STATE DEPARTMENT OF HEALTH****Environmental Public Health Division**100 North Senate Avenue IGCN 855Indianapolis, Indiana 46204-2251Telephone: (317) 234-1819E-mail: druglabcleanup@ISDH.in.gov |
| *INSTRUCTIONS:* | 1. *A person who acts as a demolition contractor shall use this form to notify the local health department that demolition will be conducted at a specific location, and the date the demolition will begin.*
2. *A person who acts as a demolition contractor shall use this form and required attachments to notify the local health department, and the Indiana State Department of Health, Environmental Public Health Division at* *druglabcleanup@ISDH.in.gov* *not more than five (5) days after completing the demolition.*
3. *A person who acts as a demolition contractor shall obtain all required state and local permits to complete the demolition.*
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| **DEMOLITION CONTRACTOR INFORMATION** |
| Name      | Telephone number(     )       |
| Company (*if applicable)*      | Signature      |
| Street address *(number and street)*       |
| City or town      | State      | ZIP Code      |
| **PROPERTY INFORMATION** |
| Date demolition to begin *(month, day, year)*      | Date demolition completed *(month, day, year)*      |
| Street address *(number and street including apartment, unit or room number, if applicable)*      |
| City or town      | State      | ZIP Code      | County      |
| Property type: | [ ]  Single family dwelling [ ]  Multiple family dwelling [ ]  Hotel, motel or other lodging[ ]  Mobile home [ ]  Vehicle or Watercraft [ ]  Other *(describe)*:       |
| Disposal site(s): |       |

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| Indiana State Police Methamphetamine Laboratory Occurrence Report case number:      | Date of police report *(month, day, year)*      | Vehicle or Hull Identification Number (VIN or HIN)      |
| **DUTIES** |
| Contractor shall do all of the following *(check each box as completed):*[ ]  Review the Indiana State Police Methamphetamine Laboratory Occurrence Report prepared by the law enforcement agency under IC 5-2-15 for that property and attach to notification.[ ]  Perform a visual inspection of the contaminated property to identify safety and health hazards at the property that can affect the health of persons at or near the property.[ ]  Notify the local health department of the following: (A) That demolition will be conducted at that location. (B) The date that demolition will begin.[ ]  Remove the septic tank or ensure the septic tank has been emptied. Notify the person who pumps out the septic system that the property was used for illegal manufacture of a controlled substance.[ ]  Protect all persons at the contaminated property from hazards identified at that property, including respiratory protection if needed.[ ]  Remove all soil that has been contaminated with chemicals used in the illegal manufacture of a controlled substance.[ ]  Prevent salvaging of materials from the contaminated property or transfer of those materials to another person.[ ]  Dispose of all materials resulting from activities under this rule in accordance with 329 IAC 10 no more than seventy-two (72) hours after demolition is completed and attach all disposal receipts.[ ]  Not more than five (5) days after completing demolition, the demolition contractor shall notify the following in writing that demolition has been completed:(1) The local health department.(2) The Indiana State Department of Health, Environmental Public Health Division at druglabcleanup@ISDH.in.gov |
| Attachments: | [ ]  ISP Laboratory Occurrence Report [ ]  Landfill / POTW receipt(s) [ ]  Before / After photographs |